

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/517631

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2		2		
4	1			2		
5	1			2		
6	1			2		
7	1			2		
8	1			2		
9	1			2		
10	1			2		
11	1			2		
12	1			2		
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15	1			2		
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	15	←	43	←	←	
TOTAL CLAIMS	16	[REDACTED]	44	[REDACTED]	[REDACTED]	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.					↓	
TOTAL DEP.		←			↓	
TOTAL CLAIMS		[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]